



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ PAD987390283

INSTALLATION ADDRESS

MOBIL STATION  
151 KEITH VALLEY RD  
HORSHAM, PA 17044  
CHARLES HALCOMB PROJECT MANGER  
  
1098 HAINES RD  
YORK, PA 17405

Date Received  
(For Official Use Only)☒

7AD987390283

MOBIL STATION

1098 HAINES ROAD

YORK

PA17405-

133 YORK

\* 151 KEITH VALLEY ROAD

HORSHAM

PA19044-

\* HALCOMB

CHARLES

PROJECT MANAGER 215-343-7705

\* ☒ 151 KEITH VALLEY ROAD

HORSHAM

PA19044-

\* MOBIL OIL CORPORATION

151 KEITH VALLEY ROAD

HORSHAM

PA19044-

215-343-7705

P

P

☒

- 2 -



October 27, 1992

US EPA Region III  
RCRA Programs Branch  
Pennsylvania Section  
3 HW51  
841 Chestnut Building  
Philadelphia, PA 19107

RECEIVED  
EPA  
OCT 27 1992

ATTN: Lois Powell  
RE: EPA Identification Number

Dear Ms. Powell:

We are requesting an EPA Identification Number for the following location:

Mobil Station  
1098 Haines Road  
York, PA

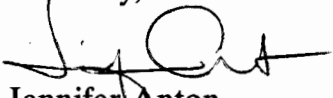
This site has approximately 500 gallons of gasoline and water from a UST Corrective Action. Since this waste is federally regulated, it requires a permanent "D" identification number for the manifest at the time of shipment.

These drums will be transported by Freehold Cartage Inc., NJD054126164, and disposed of at Remtech Environmental Lewisberry, Inc., PAD067098822. *(on print out sheet)*

Your expeditious approval will be greatly appreciated.

Should you require any additional information, please do not hesitate to contact me.

Sincerely,

  
Jennifer Anton  
Drum Services Manager

Enclosures

ENVIRONMENTAL PROFESSIONALS, INC.  
285 Pinedge Drive, Berlin, N.J. 08009  
(609) 753-0919 • FAX (609) 753-1327

MORIK STATION GEN

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF WASTE MANAGEMENT

## INSPECTION REPORT - HAZARDOUS WASTE SMALL QUANTITY GENERATOR

Site I.D. PAD 987390283 Telephone # 703-846-5735  
 Site Name Mobil Oil Operator Name Mobil Oil  
 Address 1098 Haines Rd Address 3225 Gallows Rd  
York PA Fairfax Virginia 22037  
 Municipality Springettsburg twp County York  
 Responsible Official \_\_\_\_\_ Title \_\_\_\_\_  
 Person Interviewed Frank Taglieri/Ratny Viraya Title Mobil Oil Reps  
 Inspector David A. Althoff Jr. Time \_\_\_\_\_

Due Date \_\_\_\_\_ Inspection Date 2/14/94 Inspection Type 01 Facility Type 07 Inspector ID 2354 # Violation \_\_\_\_\_

Are hazardous wastes transported off-site by this generator? ☒ Yes ☐ No

If not, license number(s) and expiration dates of transporter(s): \_\_\_\_\_

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS				REQUIREMENT	CHAPTER CITATION	LINE ITEM
1	2	3	4			
1				Amount of wastes generated per month is within small quantity generator limits	261.5(a)	H130
1				Amount of waste accumulated is within small quantity generator limits	261.5(d)	H131
		3		Hazardous waste determination (262.11)	261.5(g)(1)	H132
		3		Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request	262.11(d)	H133
		3		Storage within time limit specified (261.5(d))	261.5(g)(2)	H134
		3		Manifest system used for off-site transport	262.20(a)	H135

261.5 Indicate below the method of handling of the waste:

- \_\_\_\_\_ a. Treatment or disposal at permitted on-site facility.  
 Permit Number \_\_\_\_\_ Treatment \_\_\_\_\_ Disposal \_\_\_\_\_
- \_\_\_\_\_ b. Delivered to a PA haz. waste facility. Name of facility: \_\_\_\_\_  
 \_\_\_\_\_
- \_\_\_\_\_ c. Delivered to a PA municipal or residual facility with Form S approval. Name of facility: \_\_\_\_\_  
 \_\_\_\_\_
- \_\_\_\_\_ d. Delivered to an approved out-of-state facility. Name of facility: \_\_\_\_\_  
 \_\_\_\_\_
- \_\_\_\_\_ e. Delivered to a reclamation, reuse, or recycle facility. Name of facility: \_\_\_\_\_  
 \_\_\_\_\_

Commonwealth of Pennsylvania  
Department of Environmental Resources  
Bureau of Waste Management  
Inspection Report Comments

The Department conducted a hazardous waste generator inspection at Mobil Oil. Present for the Department was David Althoff Jr. The weather conditions on this day was sunny and cold.

Mobil currently is involved with a ground-water remediation program on site. The Department inspected a small fenced-in area in the lower corner of the property which contained the following:

1. A small locked shed.
2. A tank, approximately 250 gallons.
3. An air-stripping tower.
4. Two drums labeled "non-regulated waste" Charcoal.
5. Two drums labelled "Non-Hazardous" Spent Packing Material.
6. Three drums labelled "Non Classified Waste Waste Material" Purge Water.

All of the above items except 5 & 6 were contained inside a locked fence. Items 5 and 6 were placed just outside of the fenced area on the snow covered ground.

The Department placed a series of phone calls to discuss the status of the facility. The Department spoke with Frank Tagliaferi from Mobil Oil. Mr. Tagliaferi placed his supervisor, Mrs. Ratry Vinaya, in contact with the Department. The Department discussed with Mrs. Vinaya the scope of the inspection and the Department's comments.

The following are the Department's recommendations:

1. Keep all drums of waste material inside of the fenced-in area.
2. Provide the manager of the Mobil Station onsite with a key to the gate for the purposes of gaining access for conducting inspections and / or emergency remediations.
3. Renotify to the EPA as being a Small Quantity Generator only status.

The Department requests that Mobil Oil provide correspondence to the following address to show that the proceeding recommendations have been implemented.

Attn: David Althoff Jr., PADER, 130 South Duke St., York, PA 17401

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, Waste Management Program, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein. Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (Signature)

Inspector (Signature)

Date

Date

Mobil Station GEN

# RCRIS UNIVERSE MAINTENANCE FORM

EPA ID

2 A 2 1 3 7 3 9 0 2 2 3

Facility Name

Mobil Oil Station

Source: N A S E

Notification Date

3/14/94

Waste Activity	Type	RCRA Reg Status	RCRA Reg Description
Generator	<u>2</u>	<u>R</u>	
Transporter			
TSD			
Burner			
HWF Market to Blender		HWF Other Market	HWF Burner
OSO Market to Burner		OSO Other Market	OSO Burner
SO ACT:			
Burner Type: Utility Boiler		Industrial Boiler	Furnace
Underground Injection Control:			
Recycler:			
Mode of Transportation: Air Rail Highway Water			
Other			

## Process Code Information

Source E or S (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

<input checked="" type="checkbox"/> IR Inspection report	<input type="checkbox"/> Affidavit from the facility
<input type="checkbox"/> Revised Notification from the state	<input type="checkbox"/> Affidavit from the state
<input type="checkbox"/> Revised Notification from the facility	<input type="checkbox"/> Biennial report
<input type="checkbox"/> EPA clean closure certificate	<input type="checkbox"/> Documentation not required
<input type="checkbox"/> State documentation certifying clean closure	
<input type="checkbox"/> Other	
Date to Data Entry <u>APR 15 1994</u>	
Batch Number <u>124</u>	
Date OAd <u>✓</u>	

Deactivate IF

WTF 310 *Gen*

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1P1A1D1918171319101218131 Date: 7-18-94

FACILITY NAME Mobil station

New Facility Name

Name Change \_\_\_\_\_

Location of Installation

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County Code \_\_\_\_\_ County Name \_\_\_\_\_

Installation Mailing Address

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Installation Contact

Last Name \_\_\_\_\_ First \_\_\_\_\_

Job Title \_\_\_\_\_ Phone # \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ownership

Name of Legal Owner \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Land Type \_\_\_\_\_ Owner Type \_\_\_\_\_

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Updated in RCRIS by RR Date 7/21/94



Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
Generator	_____	<u>N</u>	<u>10</u>
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air	Rail	Highway	Water
_____	_____	_____	_____
Other	_____		
Burner/Blender	B Boiler and/or Industrial Furnace (BIF) only. D BIF only; Smelter Deferral. E BIF only; Small Quantity Exemption claimed. N Not a Burner/Blender, Verified. X Other Burner/Blender Activity. Blank Unverified.		
HWF Market to Burner	X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities. Blank No activity.		
HWF Other Market	X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.		
HWF Burner	B Boiler and/or Industrial Furnace. X Indication of activity.		
OSO Market to Burner	X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.		
OSO Other Market	X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).		
OSO Burner	B Boiler and/or Industrial Furnace. X Indication of Activity.		
SO ACT:	Code indicating that the handler is engaged in marketing of specification fuel oil activities. B Boiler and/or Industrial Furnace. X Indication of Activity.		
Burner Types	Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____		
Underground Injection Control	X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.		
Recycler:	C Commercial R Non-Commercial Recycler N Not a Recycler, Verified Blank Not a recycler, unverified.		

FACILITY 1 OF 1

PGM: FR2112N1

MAP: FR2112M1

U. S. ENVIRONMENTAL PROTECTION AGENCY

FACILITY INDEX SYSTEM

FACILITY DETAIL

06/03/94

12:34:41

Facility ID : PAD987390283

Facility Name : MOBIL STATION

Street Address: 1098 HAINES ROAD

City : YORK  
County : YORK  
State : PA  
Zip Code : 17405 -

Create Date : 11/03/92  
Create User ID: ZJF  
Update Date : 09/16/93  
Update User ID: C00  
  
Federal Facility: UNKNOWN  
Indian Land : UNKNOWN  
  
Comments : NO

Press appropriate PF key

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
HELP GOTO END MAIN UP DOWN XREF CMNTS LL

FACILITY 1 OF 1

PGM: FR2132N1

MAP: FR2132M1

U. S. ENVIRONMENTAL PROTECTION AGENCY

FACILITY INDEX SYSTEM

PROGRAM OFFICE DETAIL

06/03/94

12:34:57

System Name : RCRIS  
System ID : PAD987390283

Facility ID : PAD987390283

Facility Name : MOBIL STATION

Street Address: 1098 HAINES RD

City : YORK  
County : YORK  
State : PA  
Zip Code : 17405 -

Create Date : 11/03/92  
Create User ID: ZJF  
Update Date : 10/04/93  
Update User ID: P01

Federal Facility: UNKNOWN  
Indian Land : UNKNOWN  
  
Comments : NO

DUNS Number : - -

Press appropriate PF key

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
HELP GOTO END MAIN UP DOWN CMNTS SIC LL

MAY 05 1994

EPA REGION III

**"Request to Deactivate EPA ID Number"**

EPA ID No. PAD 987 390 283

Company Name: MOBIL OIL CORP. - SS # D5H

Site Address: 1098 HAINES RD. YORK  
(street) (city / town)  
PA 17402  
(state) (zip code) (lot) (block)

Mailing Address: 3225 GALLOWS RD FAIRFAX  
(street / p.o. box) (city / town)  
VA 22037-0001  
(state) (zip code)

Company Contact: RATRY C. VINAYA 703-846-5735  
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

- ☐ The EPA ID number was obtained for a one time cleanup which is completed.
- ☐ The site has completed an ECRA cleanup (indicate ECRA Case # \_\_\_\_\_).
- ☒ Other DUPLICATE ID#. CORRECT EPA # for this site  
is PAD 987 333 994. Please refer to attached  
acknowledgement.

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

RATRY C. VINAYA  
(printed name)

ENVIRONMENTAL COMPLIANCE ANALYST  
(title)

Ratry C. Vinaya  
(signature)

4/28/94  
(date)